Tardive Dyskinesia (TD) Resources Toolkit

Educational Materials for Healthcare Professionals, Societies, and Organizations

MED-MSL-TD-US-0393

Provided by

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Introduction

What Is Tardive Dyskinesia?

Tardive dyskinesia (TD) is a clinically distinct movement disorder characterized by abnormal, involuntary movements of the tongue, jaw, trunk, or extremities.[1] These movements develop in association with dopamine receptor blocking agents (DRBAs), including antipsychotics and gastrointestinal agents such as metoclopramide.[1] TD is often underdiagnosed and underrecognized, and its impact extends beyond movement—it can affect social, emotional, and daily functioning—and adds to the burden of mental illness.[2-4]

This toolkit provides educational resources to help healthcare providers confidently recognize TD, understand the importance of routine screening, and apply best practices to optimize patient care.

TD Fast Facts

TD is a clinically distinct, delayed DRBA-induced movement disorder.[1]

TD movements may be[a]:

Choreiform	Rapid, jerky, nonrepetitive
Athetoid	Slow, sinuous, continual
Semirhythmic	E.g., stereotypies

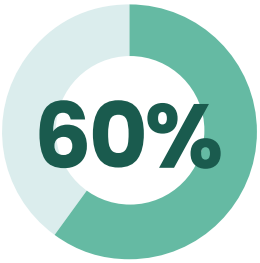
DRBAs can include:

- First-generation antipsychotics
- Second-generation antipsychotics
- Gastrointestinal medications, such as metoclopramide

[a] The movements of TD are distinctly different from the rhythmic tremors (3–6 Hz) commonly seen in drug-induced parkinsonism.[1]

TD is estimated to affect at least 800,000 adults in the U.S.[5-7]

Of those living with TD, approximately 60% remain undiagnosed.[5-7]



Please contact Neurocrine Medical Information at (877) 641-3461 or at medinfo@neurocrine.com if you would like to request additional information.

References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed, text revision. American Psychiatric Association; 2022. 2. Ascher-Svanum H, et al. *J Clin Psychiatry*. 2008;69(10):1580-1588. 3. Boumans CE, et al. *Schizophr Bull*. 1994;20(2):339-344. 4. Ballesteros J, et al. *J Clin Psychopharmacol*. 2000;20(2):188-194. 5. Carbon M, et al. *J Clin Psychiatry*. 2017;78(3):e264-e278. 6. Data on File. Neurocrine Biosciences, Inc. 7. Cloud LJ, et al. *Neurotherapeutics*. 2014;11(1):166-176.

Free Neurocrine Educational Resources

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Digital Media Resources

Handouts and Other Resources

Overview of TD

TD Screening and Diagnosis

AIMS, Abnormal Involuntary Movement Scale; TD, tardive dyskinesia.

Digital Media Resources

The DRBA-Induced Movement Disorder (DIMD) Course

The DIMD Course, or Diamond Course, is a free virtual learning and certificate program that delves into various clinical aspects of the most common DRBA-induced movement disorders.

This comprehensive and interactive course is designed to equip healthcare providers with the knowledge and tools necessary to better address their patients' needs.

This educational course was sponsored and developed by Neurocrine Biosciences, Inc.

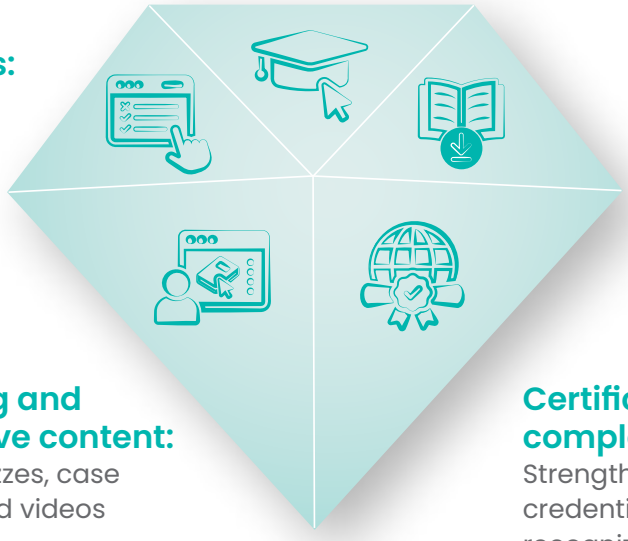
Enrolling in the DIMD course is easy:

Visit dimdcourse.getlearnworlds.com **Or scan:**

What's inside the DIMD Course?

Free, self-paced learning:
Access modules anytime, anywhere, at no cost

Pre- and post-knowledge assessments:
Measure your learning progress



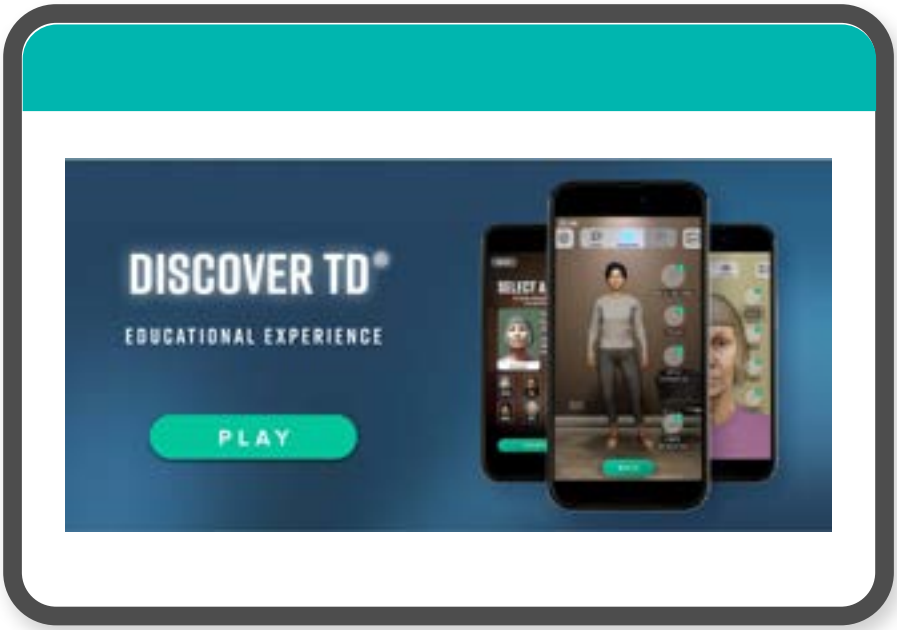
Practical, downloadable resources:
Tap into quick reference tools for clinical application

Engaging and interactive content:
Peruse quizzes, case studies, and videos

Certificate of completion:
Strengthen your credentials with a recognized certificate

DRBA, dopamine receptor blocking agent; TD, tardive dyskinesia.

Discover TD®
Educational Experience



Discover TD is an interactive experience designed to educate about TD and other DRBA-induced movement disorders. By interacting with hypothetical virtual patients, you can diagnose and determine an appropriate management plan.

This free educational resource was sponsored and developed by Neurocrine Biosciences, Inc.

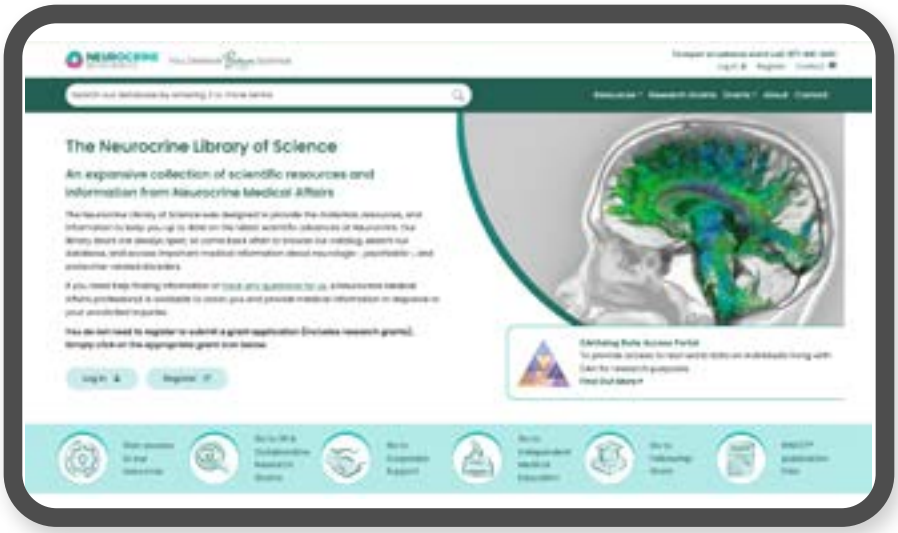
To begin the experience, visit mind-td.com/discover-td

Or scan:

For educational purposes only. Should not be interpreted as medical advice for any particular patient. Individual results may vary.

TD, tardive dyskinesia.

Neurocrine Medical Website



This online repository houses a variety of educational resources, including videos and podcasts, that provide an in-depth understanding of DRBA-induced movement disorders.

This free educational website was sponsored and developed by Neurocrine Biosciences, Inc.

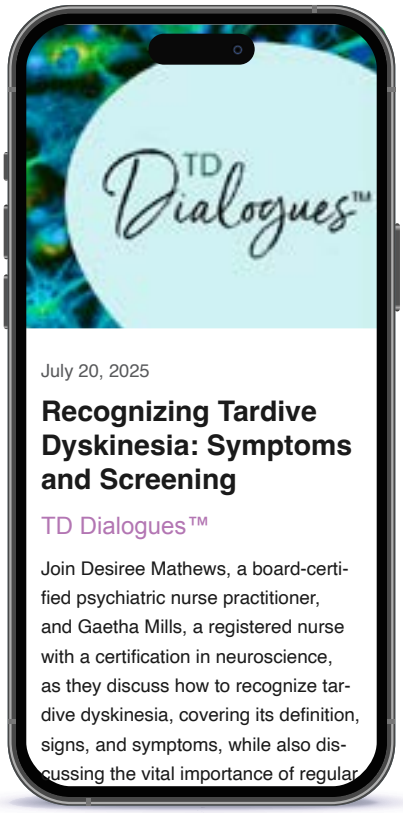
Visit neurocrinemedical.com to browse resources

Or scan:

DRBA, dopamine receptor blocking agent.

TD Dialogues Podcast

Hear from experts in insightful conversations as they discuss the challenges of recognizing TD and share real-world strategies to effectively support patients in managing symptoms.



These free educational resources were sponsored and developed by Neurocrine Biosciences, Inc.

Check out an episode:

Listen on Apple Podcasts

[TD Dialogues on Apple Podcasts]

Listen on Spotify

[TD Dialogues on Spotify]

TD, tardive dyskinesia.

MIND-TD Website

This website comprises a compendium of expert-led resources to help facilitate identification of TD and its differentiation from other movement disorders.

Peruse journal reviews, tune in to podcasts, and review investigative presentations and video case studies developed to support prompt TD screening and diagnosis.

This free educational website was sponsored and developed by Neurocrine Biosciences, Inc.

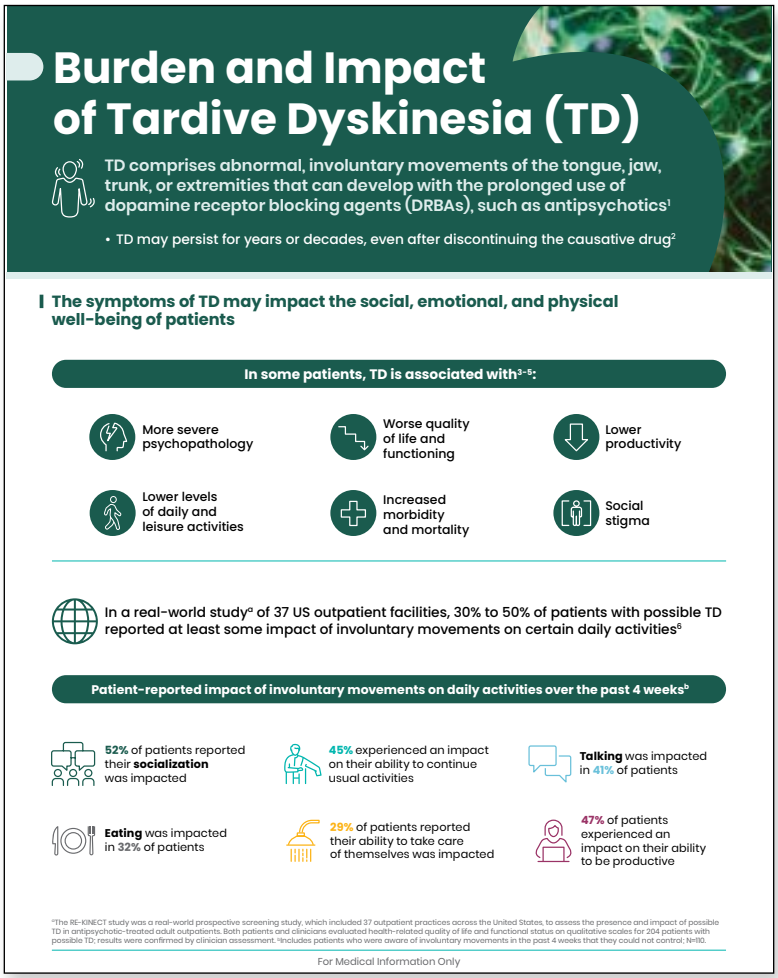
Visit mind-td.com **Or scan:**

TD, tardive dyskinesia.

Overview of TD

The Burden and Impact of TD

Download the resource below to learn more about the burden and impact of TD, including how symptoms can affect social, emotional, and physical well-being of patients.



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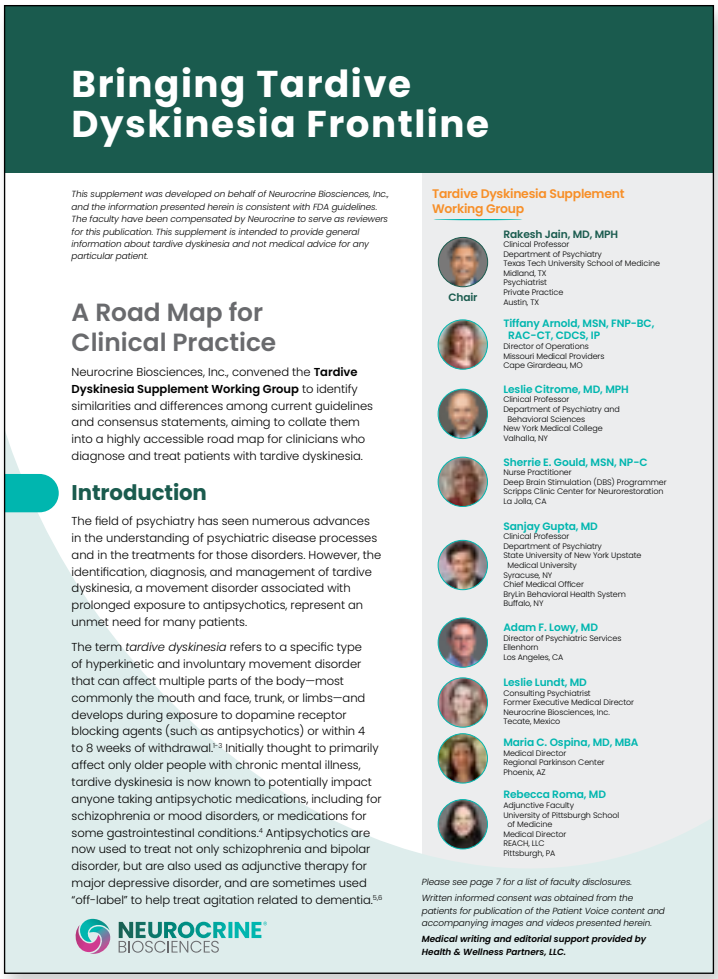
TD, tardive dyskinesia.

Bringing TD Frontline Supplement

This supplement represents the clinical insights of an expert working group. These clinicians offer an overview of TD, discuss the importance of screening and diagnosis, and offer their consensus on treatment approaches.

The faculty have been compensated by Neurocrine to serve as reviewers for this publication.



Bringing Tardive Dyskinesia Frontline

This supplement was developed on behalf of Neurocrine Biosciences, Inc., and the information presented herein is consistent with FDA guidelines. The faculty have been compensated by Neurocrine to serve as reviewers for this publication. This supplement is intended to provide general information about tardive dyskinesia and not medical advice for any particular patient.

A Road Map for Clinical Practice

Neurocrine Biosciences, Inc., convened the **Tardive Dyskinesia Supplement Working Group** to identify similarities and differences among current guidelines and consensus statements, aiming to collate them into a highly accessible road map for clinicians who diagnose and treat patients with tardive dyskinesia.

Introduction

The field of psychiatry has seen numerous advances in the understanding of psychiatric disease processes and in the treatments for those disorders. However, the identification, diagnosis, and management of tardive dyskinesia, a movement disorder associated with prolonged exposure to antipsychotics, represent an unmet need for many patients.

The term *tardive dyskinesia* refers to a specific type of hyperkinetic and involuntary movement disorder that can affect multiple parts of the body—most commonly the mouth and face, trunk, or limbs—and develops during exposure to dopamine receptor blocking agents (such as antipsychotics) or within 4 to 8 weeks of withdrawal.[1-3] Initially thought to primarily affect only older people with chronic mental illness, tardive dyskinesia is now known to potentially impact anyone taking antipsychotic medications, including for schizophrenia or mood disorders, or medications for some gastrointestinal conditions.[4] Antipsychotics are now used to treat not only schizophrenia and bipolar disorder, but are also used as adjunctive therapy for major depressive disorder, and are sometimes used "off-label" to help treat agitation related to dementia.[5,6]

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Please see page 7 for a list of faculty disclosures.

Written informed consent was obtained from the patients for publication of the Patient Voice content and accompanying images and videos presented herein.

Medical writing and editorial support provided by Health & Wellness Partners, LLC.

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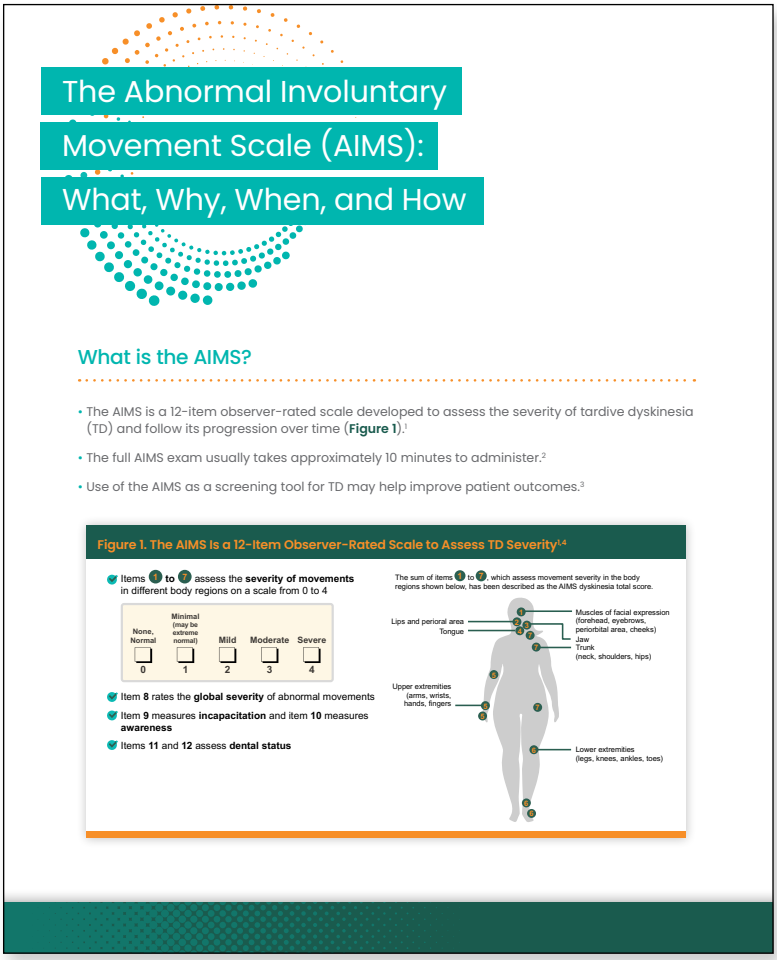
TD, tardive dyskinesia.

TD Screening and Diagnosis

AIMS Instructional Booklet

Learn how to use the Abnormal Involuntary Movement Scale (AIMS) to assess the severity and progression of TD over time.



The Abnormal Involuntary Movement Scale (AIMS): What, Why, When, and How

What is the AIMS?

- The AIMS is a 12-item observer-rated scale developed to assess the severity of tardive dyskinesia (TD) and follow its progression over time (**Figure 1**).[1]
- The full AIMS exam usually takes approximately 10 minutes to administer.[2]
- Use of the AIMS as a screening tool for TD may help improve patient outcomes.[3]

Figure 1. The AIMS Is a 12-Item Observer-Rated Scale to Assess TD Severity[1,4]

- Items 1 to 7 assess the **severity of movements** in different body regions on a scale from 0 to 4

None, Normal	Minimal (may be extreme normal)	Mild	Moderate	Severe
0	1	2	3	4

- Item **8** rates the **global severity** of abnormal movements
- Item **9** measures **incapacitation** and item **10** measures **awareness**
- Items **11** and **12** assess **dental status**

The sum of items 1 to 7, which assess movement severity in the body regions shown below, has been described as the AIMS dyskinesia total score.

Lips and perioral area
Tongue
Muscles of facial expression (forehead, eyebrows, periorbital area, cheeks)
Jaw
Trunk (neck, shoulders, hips)
Upper extremities (arms, wrists, hands, fingers
Lower extremities (legs, knees, ankles, toes)

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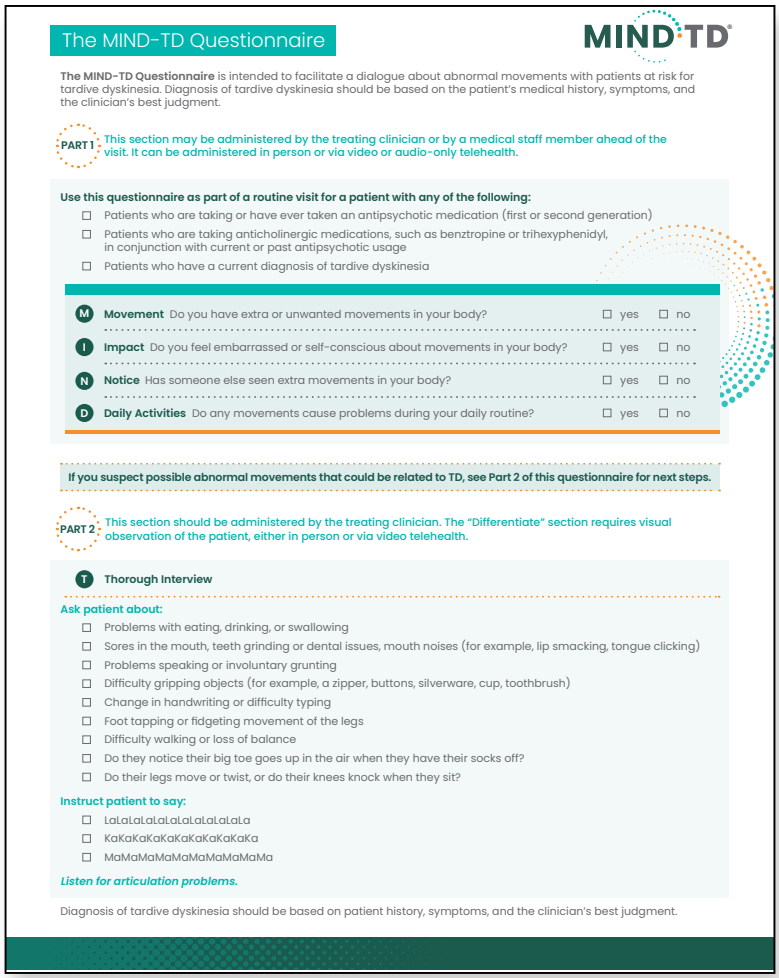
TD, tardive dyskinesia.

MIND-TD Questionnaire

Download this tool for use in clinical practice to facilitate a dialogue about abnormal, involuntary, and repetitive movements with patients at risk of developing TD.



The MIND-TD Questionnaire

MIND·TD

The MIND-TD Questionnaire is intended to facilitate a dialogue about abnormal movements with patients at risk for tardive dyskinesia. Diagnosis of tardive dyskinesia should be based on the patient's medical history, symptoms, and the clinician's best judgment.

PART 1 This section may be administered by the treating clinician or by a medical staff member ahead of the visit. It can be administered in person or via video or audio-only telehealth.

Use this questionnaire as part of a routine visit for a patient with any of the following:

- ☐ Patients who are taking or have ever taken an antipsychotic medication (first or second generation)
- ☐ Patients who are taking anticholinergic medications, such as benztropine or trihexyphenidyl, in conjunction with current or past antipsychotic usage
- ☐ Patients who have a current diagnosis of tardive dyskinesia

M	**Movement** Do you have extra or unwanted movements in your body?	☐ yes	☐ no
I	**Impact** Do you feel embarrassed or self-conscious about movements in your body?	☐ yes	☐ no
N	**Notice** Has someone else seen extra movements in your body?	☐ yes	☐ no
D	**Daily Activities** Do any movements cause problems during your daily routine?	☐ yes	☐ no

If you suspect possible abnormal movements that could be related to TD, see Part 2 of this questionnaire for next steps.

PART 2 This section should be administered by the treating clinician. The "Differentiate" section requires visual observation of the patient, either in person or via video telehealth.

T **Thorough Interview**

Ask patient about:

- ☐ Problems with eating, drinking, or swallowing
- ☐ Sores in the mouth, teeth grinding or dental issues, mouth noises (for example, lip smacking, tongue clicking)
- ☐ Problems speaking or involuntary grunting
- ☐ Difficulty gripping objects (for example, a zipper, buttons, silverware, cup, toothbrush)
- ☐ Change in handwriting or difficulty typing
- ☐ Foot tapping or fidgeting movement of the legs
- ☐ Difficulty walking or loss of balance
- ☐ Do they notice their big toe goes up in the air when they have their socks off?
- ☐ Do their legs move or twist, or do their knees knock when they sit?

Instruct patient to say:

- ☐ LaLaLaLaLaLaLaLaLaLaLa
- ☐ KaKaKaKaKaKaKaKaKaKa
- ☐ MaMaMaMaMaMaMaMaMaMa

Listen for articulation problems.

Diagnosis of tardive dyskinesia should be based on patient history, symptoms, and the clinician's best judgment.

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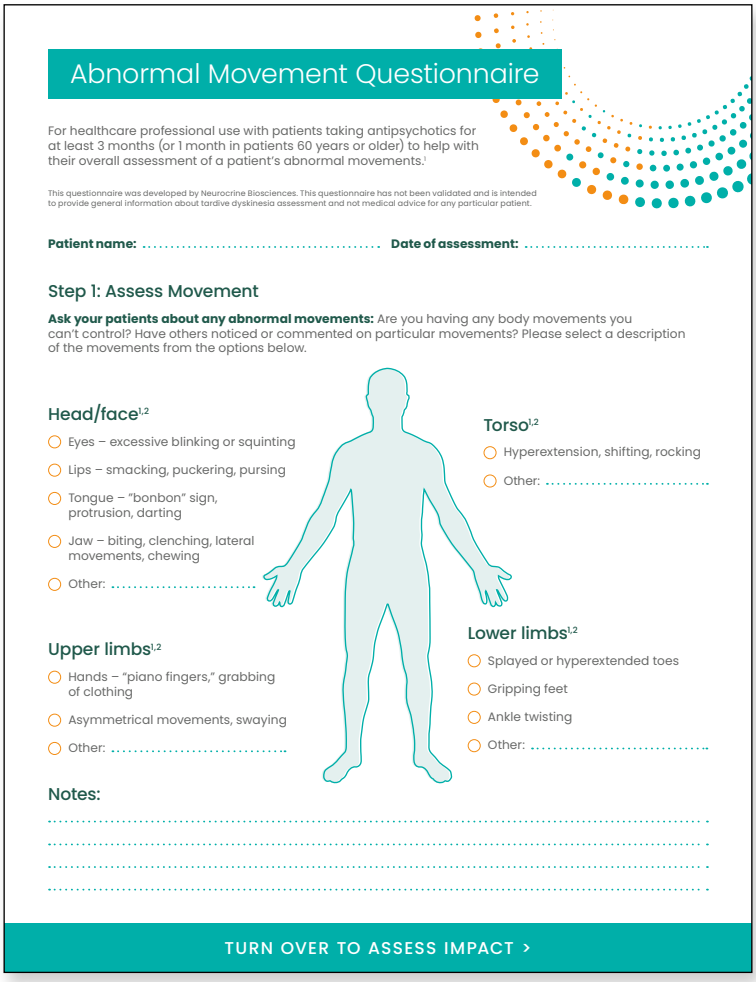
Abnormal Movements Questionnaire

Use this questionnaire to help with your overall assessment of a patient's abnormal movements and the ways these movements can impact their lives.



Abnormal Movement Questionnaire

For healthcare professional use with patients taking antipsychotics for at least 3 months (or 1 month in patients 60 years or older) to help with their overall assessment of a patient's abnormal movements.[1]

This questionnaire was developed by Neurocrine Biosciences. This questionnaire has not been validated and is intended to provide general information about tardive dyskinesia assessment and not medical advice for any particular patient.

Patient name: ..... **Date of assessment:** .....

Step 1: Assess Movement

Ask your patients about any abnormal movements: Are you having any body movements you can't control? Have others noticed or commented on particular movements? Please select a description of the movements from the options below.

Head/face[1,2]
- ○ Eyes – excessive blinking or squinting
- ○ Lips – smacking, puckering, pursing
- ○ Tongue – "bonbon" sign, protrusion, darting
- ○ Jaw – biting, clenching, lateral movements, chewing
- ○ Other: .....

Torso[1,2]
- ○ Hyperextension, shifting, rocking
- ○ Other: .....

Upper limbs[1,2]
- ○ Hands – "piano fingers," grabbing of clothing
- ○ Asymmetrical movements, swaying
- ○ Other: .....

Lower limbs[1,2]
- ○ Splayed or hyperextended toes
- ○ Gripping feet
- ○ Ankle twisting
- ○ Other: .....

Notes:

.....

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TURN OVER TO ASSESS IMPACT >

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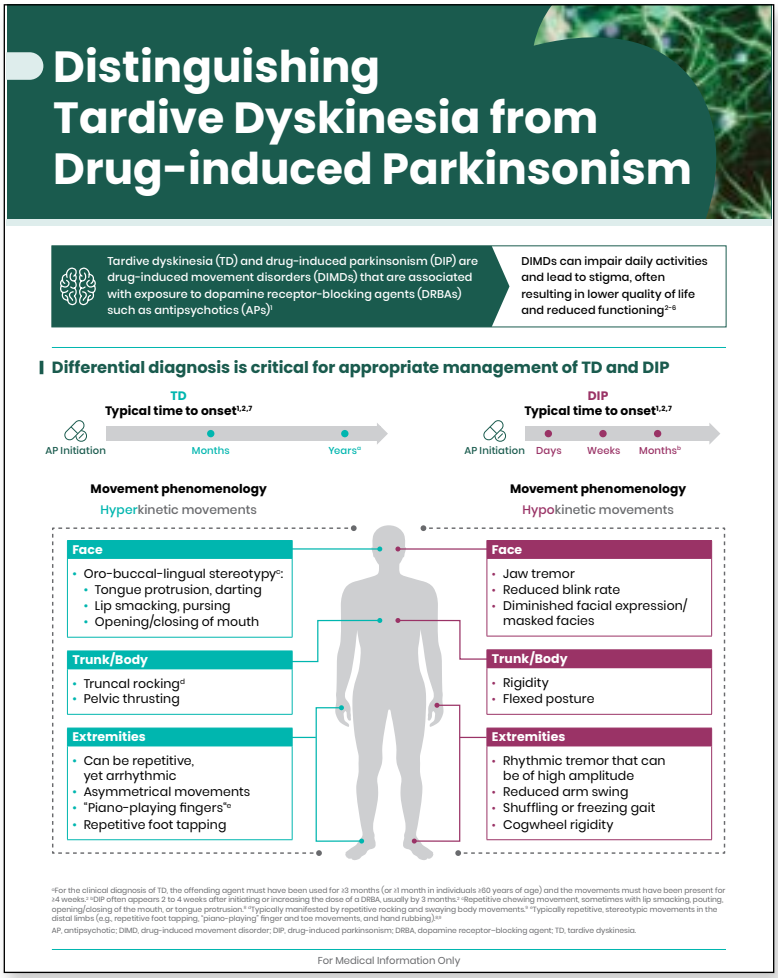
TD vs. Drug-Induced Parkinsonism

Use this resource to help distinguish TD from drug-induced parkinsonism, including typical time to onset, movement phenomenology, and common treatment approaches.



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TD, tardive dyskinesia.

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